

Part A - General Information

Charity Name

Parenting Mental Health

Charity Type/Structure

Charitable Incorporated Organisation (CIO)

Charity Registration Number

1188036

Project Name (if same as Charity Name, please leave this blank)

Parenting Mental Health

Lead Contact

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Email

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Website

<http://parentingmentalhealth.com>

Social media handles (Twitter, Facebook, LinkedIn, Instagram etc):

www.facebook.com/parentingmentalhealth
www.facebook.com/groups/teenagedepressionandanxiety
www.instagram.com/parentingmentalhealth
<https://www.linkedin.com/company/14041389/admin/>
www.twitter.com/ParentingMH

Part B - Project Proposal

Project Mission: A snapshot of the project's intention (50 words max)

We want to give more parents of young people with mental health issues the information, skills and connections they need to be able to care compassionately for their child; we want to improve their mental health and their interactions with MH services and reduce the isolation and stigma they face.

Situation (250 words)

1 in 6 children of school age - approximately 1.95m children in the UK - have a mental health problem. A national study by NHS Digital in 2017 found that one in five children with a mental health disorder had waited more than six months for contact with a mental health specialist. That same year, the NHS admitted that less than one-third of children and young people estimated to have a mental health condition were able to benefit from treatment and support. Just 547,590 young people were referred to Child Adolescent Mental Health Services (CAMHS) in 2020-2021, a 33% year-on-year increase. Over half of those referred to CAMHS had no contact or were discharged without treatment. There was a record high number of urgent referrals for under-18s in March 2021, up 58% compared with March 2020. Waiting lists are now so long that private child psychiatrists say they have seen the number of self-funding patients triple during the pandemic. According to the Samaritans, suicides rates in young females under 25 have increased by 98.3% since 2012. Suicide deaths represent the tip of the iceberg of suicidal behaviour and mental distress; for every suicide death in a 12-17 year old, it is estimated that there are approximately 100 (in males) and 1000 (females) times more hospital attendances for self-harm; and the figures for non-hospital presenting self-harm are approximately 10 times higher again. Meanwhile, parents have had to become unsupported, untrained, unseen support workers managing daily incidents, trauma and uncertainty in their own homes.

Complication (250 words)

The pandemic has magnified an increasingly challenging situation that society has been able to overlook for years by marginalising the experiences of young people, laying blame on parents and parenting as a leading factor in poor adolescent mental health, and overlooking the reality of an underfunded system that is not fit for purpose or the demand it now faces. Our community tells us that young people need to attempt suicide 3 times before they are taken seriously. What kind of society thinks this is acceptable? A discharge from A&E leads to a phone call and placement on another waiting list. The sense of unimportance and despair impacts on the illness young people are already fighting. Parents are having to compensate for a

lack of capacity of professional support and cope daily with the challenges of keeping their child safe and alive, while fighting for professional support for their child, supporting their family and managing their own emotional wellbeing. All while being consumed by their child's illness and feeling isolated and judged by themselves and the services that are meant to support them.

Despite many cases of 'parent blame and shame', CAMHS is now covertly relying on parents to fill the care gaps. But parents aren't innately equipped with these specialised skills. It's a unique experience to parent a child through poor mental health, and is only truly understood once it's been lived. We need to bring the lived experience of those who have survived it to those living it now.

Solution (250 words)

For the past 3 years, we have run a number of initiatives to support parents and help them to up-skill their approach to parenting a child with a mental health issue through our community of 20,000 parents while coping with their own emotions. We have achieved improvements of 75% in parents' mental health; 69% improvements in how in control of their emotions they feel; and 60% increase in how in control of their life they feel. Our 'Partnering not Parenting' course has been hugely successful but due to the structure of our community and then our charity funding, we haven't been able to scale the impact it has to enable any parent who is struggling with their child's mental health to access it.

We want to take the core training materials we have, recreate them with additional resources and place them on a digital platform that enables any parent to access the resources for free. Due to the shame parents feel about their child's mental health, we have found it hard to reach those in need who would benefit. Therefore, we would like to pilot access to the training with up to 5 CAMHS' areas and measure the efficacy of the training and the impacts on the parent, the child and the relationship with CAMHS to prove that by supporting parents positively and proactively with compassionate, practical skills and support we can have an impact on the mental health of parents and in turn on their children.

Part C - Wider Support

How would the Stephen Lloyd Award network of partners' support be beneficial to your project? (250 words max)

The partners' support would be transformational for us. We are a young charity and COVID has impacted on our ability to meet people and forge the kinds of connections that are needed to collaborate with other organisations. We are in need of support in how best to capture, measure and present our impact so we can scale it. We want to be part of an ecosystem of likeminded organisations who can support us to scale our impact and develop our offerings and volunteers, and where we can change outcomes for the families we work with. I started the community following my own experiences of my 14 year old daughter becoming depressed and attempting suicide after she was bullied and I didn't set out to start charity. I set out to support other parents and make change at scale. We have the vision, we need the support - funding, mentoring, practical skills in sharing our impact and the impacts of not doing this work. I believe we would benefit hugely from the partners you have on board, and I really hope we get the opportunity to work with them.

Part D - Financial Justification

In general terms, please explain how the funding would be used to carry out your project. (50 words max)

We would use 45% of the funding to work with a learning design specialist and content creator to streamline and recreate the current training with additional resources; 30% to pay for someone with knowledge of CAMHS to project manage; and 25% to measure and report on our impact.

Part E - Supporting Information

Governing Documents: Where relevant, please upload any recent charity accounts and governing documents as attachments.

- [Parenting-Mental-Health-Management-Reports-Oct-20-June-21.pdf](#)

Team: We would like to learn a little more about the individual or team invested into the project. What are your individual credentials? Is there a story behind how you or your team all came together to support the project? (75 words max)

I started PMH in 2016 after my daughter became suicidal. Since 2017, I have worked full time and largely unpaid to support parents with training, interventions and support. My only credentials are lived experience and the hundreds of testimonials I have from parents whose families are better placed to cope because of PMH. I was selected as one of the world's most meaningful community leaders by Facebook. We have over 240 volunteers from the community.

Additional References: You are welcome to provide a list of up to 5 links with relevant supporting material as further reference.

<https://www.penguin.co.uk/authors/1086066/suzanne-alderson.html>